

# QUARTERLY COLONY LOSS - July 2023

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Please make corrections to name, address, and ZIP Code, if necessary.

The information you provide will be used for statistical purposes only. Your response will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. Response is voluntary.

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## Section 1 – Apiaries

1. Between April 1, 2023 and June 30, 2023, did this operation own or control any apiaries?

2705

Yes – Go to Section 2

No – Go to Section 7

## Section 2 – Colonies Owned

1. On April 1, 2023, how many total colonies did this operation own, regardless of location?.....

2706
2707

2. On June 30, 2023, how many total colonies did this operation own, regardless of location?.....

<b>FOR OFFICE USE ONLY</b>
9921

**Section 3 – Colonies By State: April Through June**

1. Please report for all colonies owned by this operation between April 1, 2023 and June 30, 2023.

OFFICE USE	1	2	3	4	5	6	7
	Between April 1 and June 30, in which states were your colonies located? (EXCLUDE states that were only passed through to reach a destination state.)  (State)	Were these colonies located in this state on April 1?  Check "No" if colonies were moved into the state between April 2 and June 30.  Yes    No	How many colonies did you have in this state on April 1, or when they were first moved into this state after April 1?  (Colonies)	Of the (column 3) colonies, how many were completely lost/dead out between April 1 and June 30?  (Colonies)	Of the (column 3) colonies, how many were requeened only? (EXCLUDE completely lost/dead out colonies reported in column 4.)  (Colonies)	Of the (column 3) colonies, how many received nucs or packages? (EXCLUDE completely lost/dead out colonies reported in column 4.)  (Colonies)	How many new colonies did you add? (INCLUDE splits, newly created, and replacement colonies. EXCLUDE colonies reported in columns 5 and 6.)  (Colonies)
2710 <b>A</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>B</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>C</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>D</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>E</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>F</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715
2710 <b>G</b>		2711 1 <input type="checkbox"/> 3 <input type="checkbox"/>	2712	2713	2716	2717	2715

2. Between April 1, 2023 and June 30, 2023, did this operation sell or give away any of the colonies in column 3? (EXCLUDE packages and nucs created specifically for sale.)

2718    1  Yes – Go to Item 2a                      3  No – Go to Section 4

Colonies

2719
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a. How many colonies from those reported in column 3 were sold or given away?.....

**Section 4 – Lost Colonies Affected By All Four Specified Symptoms**

1. Of the total colonies owned between April 1, 2023 and June 30, 2023, did any lost colonies experience all of the following symptoms?

- Little to no build-up of dead bees in the hive or at the hive entrance
- Rapid loss of adult honey bee population despite the presence of queen, capped brood, and food reserves
- Absence or delayed robbing of the food reserves
- Loss not attributable to Varroa or Nosema loads

- 2770
- 1  Yes – Continue
  - 3  No – Go to Section 5
  - 4  No Loss – Go to Section 5
  - 2  Don't Know – Go to Section 5

Colonies

2771
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2. How many colonies did you lose that experienced all of the symptoms in Item 1?.....

**Section 5 – Colony Health: April Through June**

1. Of the total colonies owned between April 1, 2023 and June 30, 2023, how many colonies by state were affected by the following, but not necessarily lost? Note: The total of columns 2 through 7 may exceed the total number of colonies in a state.

OFFICE USE	1	2	3	4	5	6	7
	(State)	Varroa Mites (Colonies)	Other Pests and Parasites <sup>1/</sup> (Colonies)	Diseases <sup>2/</sup> (Colonies)	Pesticides (Colonies)	Other <sup>3/</sup> (Colonies)	Unknown (Colonies)
2774 <b>A</b>		2775	2776	2777	2780	2781	2782
2774 <b>B</b>		2775	2776	2777	2780	2781	2782
2774 <b>C</b>		2775	2776	2777	2780	2781	2782
2774 <b>D</b>		2775	2776	2777	2780	2781	2782
2774 <b>E</b>		2775	2776	2777	2780	2781	2782
2774 <b>F</b>		2775	2776	2777	2780	2781	2782
2774 <b>G</b>		2775	2776	2777	2780	2781	2782

1/ Includes Tracheal Mites, Nosema, Hive beetle, Wax moths, etc.

2/ Includes American and European foulbrood, Chalkbrood, Stonebrood, Paralysis (acute and chronic), Kashmir, Deformed Wing, Sacbrood, IAPV, Lake Sinai II, etc.

3/ Includes weather, starvation, insufficient forage, queen failure, hive damage/destroyed, etc.

**Section 6 – Comments Related to The Information You Reported****Section 7 – Change In Operation**

1. Has the operation named on the label been sold or turned over to someone else?

1  Yes – Identify the new operator(s)

3  No – Go to Section 8

Operation Name: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

check if  
cell phone

Phone: (\_\_\_\_) \_\_\_\_\_

**Section 8 – Conclusion**

1. Do you make any day-to-day decisions for any other apiaries?

1  Yes – List other operations: \_\_\_\_\_ 3  No

2. To receive the complete results of this survey in August 2023, go to: [nass.usda.gov/results](https://nass.usda.gov/results)

To have a brief summary emailed to you, please enter your email address.

1095

**Section 9 – Contact Information**

Operation Email: (if different from above)

Operation Phone:

9937

9936

check if  
cell phone

(\_\_\_\_) \_\_\_\_\_

**This completes the survey. Thank you for your help.**

Respondent Name:

Respondent Phone: (if different from above)

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9911

check if  
cell phone

9910 MM DD YY

(\_\_\_\_) \_\_\_\_\_  Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID			
1-Comp	9901	1-Op/Mgr	9902	1-PASI	9903	9998	9900	9985	9989			
2-R		2-Sp		2-PATI					_____ - _____ - _____			
3-Inac		3-Acct/Bkpr		3-PAPI					<b>Optional Use</b>			
4-Office Hold		4-Partner		6-Email					9907	9908	9906	9916
5-R -- Est		9-Oth		7-Fax								
6-Inac --Est				19-Other								
7-Off Hold --Est												

S/E Name: \_\_\_\_\_